ŀ	PATENT APPLICATION FEE DETERMINATION RECO								Application or Cocket Number					
	Effective January 1, 2003								10624864 1060000000000000000000000000000000000					
ŀ	CLAIMS AS FILED - PART I									<i>7</i> 92		OU.		
			SMAL (Column 2) TYPE			TENUITY			CANT REHTO					
7	TOTAL CLAUMS	Cohum				RATE			OA T		ENTITY			
F	OR	NUMBER	RFLED	ARUM	BER EXTRA	arac L		75.00	-	RATE	FEE			
7	OTAL CHARGE	210	inus 20=			-	_	ag	HOR	BASIC FEI	750.00			
8	DEPENDENT C		nimus 3 =		r.	<u> </u>	X\$ 9=		POP	X\$18=				
×	ULTIPLE DEPE	NOENT CLAIM	7				X4	*	168	OR	X84=			
•	I the difference	à in cohemn 1 i	a leas these	been then some order (Miles et al. 1))=		OR	+280=	l		
•	* If the difference in column 1 is less than zero, enter "0" in column 2								Cist 2	OR	TOTAL			
	C	LAIMS AS (Column 1)		MENDED - PART II							OTHER			
Ī		CLAHAS	T	(Column 2) (Column 3)				<u></u>	ENTITY	OR	SMALL			
Ē		REMAINING AFTER		NUM PREVIO	MISLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL		
闄	Total	AMENDMENT	Minus	PAID	FOR	1/	<u> </u>	_	FEE	1	<u> </u>	FEE		
MENDMENT	Independent	. 0	Minus	2	}/_	7	X\$S	•		OR	X\$18=	ME		
₹		NTATION OF A	NULTIPLE DE	ATIPLE DEPENDENT CLAIM			X42	_		OA	X84s			
1 (1 2 (20 2) 2 1							+140	•		OR	+280=			
_	16-1 14 16 25 28 30 3						ADDIT, F	AL.		OR	YOTAL ADDIT, FEE			
ئے	125/45	(Column 1)												
9		REMARKS		HIGH HUMS	ER	PRESENT			ADDI-			ADD1-		
Ē		AFTER AMENOMENT		PARDI		EXTRA	RATI		TIONAL PEE		RATE	TIONAL		
AMENDMENT B	Total	· 35	idinus	-3	<u>5</u> _	•	XS	٤		OR	XSITO			
¥	sugapendent	· 7	Minus	***	7_	•/	×43	न		OR	XZCO			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								T						
	1· 1						+140	L		OR	+260=			
9	26/05	(Column 1)					ADOIT, FI	EL		OR ,	ADDIT. FEE			
5		CUMS		(Catum Night		(Column 3)		_						
		REMAINING AFTER		PREVIO	er USLY	PRESENT EXTRA	RATE		ADDI- TIONAL		RATE	ADDI- TIONAL		
ME	Total	AMENDMENT		PADF				4	FEE			FEE		
AMENDMENT	Independent	• 37	Minus Minus	- 3	2		X\$ 9-	1		OR	X\$18=			
₹		NTATION OF M	1	PENDENT	CLAIN	-/-/ -	X42.	T		OR	X84×			
										OR	+280=			
•	 If the entry in column 1 is less than the entry in column 2, write "U" in column 3. If the "Alghest Number Previously Poid For" IN THIS SPACE is less than 20, easer "20." 										TOTAL			
	II the Yophest Nur The Tilohest Nurs	riber Previously P	ADDIT FE	# L		ر اس	VOORT. FEE							